

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/926158

**CLAIMS**

|       | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-------|----------|------|------------------------|------|------------------------|------|
|       | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1     |          |      |                        |      |                        |      |
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| TOTAL |          |      |                        |      |                        |      |
| TOTAL |          |      |                        |      |                        |      |
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|       | * IND. * DEP. |      | * IND. * DEP. |      | * IND. * DEP. |      |
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